PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09864093

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
			(Column 1)		(Column 2)		1	TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS			50					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			50 minus 20=		. 30			X\$ 9=		OR	X\$18=	54c-v-
INDEPENDENT CLAIMS			6 minus 3 =		.3			X40=		OR	X80=	24000
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=	
• 11	the difference	in column 1 is	less than ze	ro, ente	r "0" in c)" in column 2		TOTAL		OR	TOTAL	1490.00
CLAIMS AS AMENDED - PART II											OTHER THAN	
\bot	119105	(Column 1)		(Colui	mn 2)	2) (Column 3)		SMALL ENTITY			SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	· · · · · · · · · · · · · · · · · · ·	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.38	Minus	6	00	- /		X\$ 9=		OR	X\$18=	
	Independent	· 8	Minus	***	<u>6</u>	=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
•								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
					•	-						
AMENDMENT B	:	(Column 1) CLAIMS	,	(Colu	IEST	(Column 3)	1 r		ADDI-		•	ADDI-
		REMAINING AFTER AMENDMENT		NUM PREVI PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		<u> -</u>	1	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										070	
								+135= TOTAL		OR	+270=	
	·									OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=] [X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***]=]	X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J ⊦			On		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. I										OR	TOTAL ADDIT. FEE	L
		nber Previously Pa					er fou	nd in the app	propriate box	k in co	lumn 1.	

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